

Case Number:	CM13-0060496		
Date Assigned:	12/30/2013	Date of Injury:	10/23/2001
Decision Date:	05/08/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 42-year-old female with an October 23, 2001 date of injury. At the time (10/16/13) of request for authorization for electromyography (EMG) two limbs bilateral upper extremities and nerve conduction velocities (NCV) two limbs bilateral upper extremities, there is documentation of subjective (upper back, middle back, arms, and neck pain; pain radiates to the back; and numbness) and objective (decreased sensation over the upper extremities bilaterally and pain over the bilateral upper cervical facet joints that radiates in a fashion conducive with facet arthropathy and occipital neuralgia) findings, imaging findings (reported MRI cervical spine (7/23/13) revealed C5-6 and C6-7 disc bulges indenting the thecal sac with some neural foraminal narrowing), current diagnoses (COATS disease, occipital neuralgia, cervical spondylosis, and cervical radiculopathy), and treatment to date (medications). Medical report identifies a request for EMG/NCS by a neurosurgeon questioning pain generators and to rule out a brachial plexus lesion; and that cervical decompression is not recommended due to MRI findings. In addition, medical reports identify documentation of a previous EMG/NCS; report not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

AN ELECTROMYOGRAPHY (EMG) OF THE BILATERAL UPPER EXTREMITIES:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 8 Neck and Upper Back Complaints Page(s): 177,33. Decision based on Non-MTUS Citation Aetna Nerve Conduction Velocity Studies.

Decision rationale: The California MTUS guidelines state that documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. The Medical Treatment Guidelines necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of Coats disease, occipital neuralgia, cervical spondylosis, and cervical radiculopathy. In addition, there is documentation of subjective and objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of a previous EMG/NCS, there is no (clear) documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. In addition, there is no documentation of the previous EMG/NCS report. Therefore, based on guidelines and a review of the evidence, the request for an electromyography (EMG) of the bilateral upper extremities is not medically necessary.

A NERVE CONDUCTION VELOCITY (NCV) OF THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 177,33. Decision based on Non-MTUS Citation Aetna Nerve Conduction Velocity Studies.

Decision rationale: The California MTUS guidelines state that documentation of subjective/objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment, as criteria necessary to support the medical necessity of EMG/NCV. The Medical Treatment Guidelines necessitates documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. Within the medical information available for review, there is documentation of diagnoses of Coats disease, occipital neuralgia, cervical spondylosis, and cervical radiculopathy. In addition, there is documentation of subjective and objective findings consistent with radiculopathy/nerve entrapment that has not responded to conservative treatment. However, given documentation of a previous EMG/NCS, there is no (clear) documentation of an interval injury or progressive neurologic findings to support the medical necessity of a repeat study. In addition, there is no documentation of the previous EMG/NCS report. Therefore, based on guidelines and a review of the evidence, the request for nerve conduction velocity (NCV) two limbs bilateral upper extremities is not medically necessary.

